

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **1495**
455

Registration District No. **399** Primary Registration District No. **1002** Registrar's No. _____

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(c) Name of hospital or institution **St. Clement Hospital**
(d) Length of stay: In hospital or institution **3 days**
In this community **100 yrs**

3. (a) PRINT FULL NAME **VINCENT CORSA**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **Male** 5. Color or race **W.** 6. (a) Single, widowed, married **married**
6. (b) Name of husband or wife **Michela Corso** 6. (c) Age of husband or wife if alive **56** years
7. Birth date of deceased **Sept 4 1874**

8. AGE: Years **66** Months **4** Days **25** If less than one day hr. _____ min. _____

9. Birthplace **Termini Italy**

10. Usual occupation **Laborer**

11. Industry or business **out of Employment**

12. Name **Nick Corso**

13. Birthplace **Termini Italy**

14. Maiden name **Francesca Logan**

15. Birthplace **Termini Italy**

16. (a) Informant **Mrs Michela Corso**

(b) Address **719 Forest**

17. (a) **Burial** (b) Date thereof **Jan 31/41**

(c) Place: burial or cremation **St Mary's**

18. (a) Signature of funeral director **St Mary's**

(b) Address **15 C Mo**

19. (a) **Jan 31 1941** (b) **M. M. Crow**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(d) Street No. **719 Forest**
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month _____ day **1-29-40** year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from **9-40** to **9-40** 19____; that last seen alive on _____ and that death occurred on the date and hour stated above.
Immediate cause of death _____

Terminal bronchopneumonia

Due to **traumatic rupture of aorta**

Due to **fracture dislocation of 4th**

Other conditions **several rib fractures**

Injury by fall

Major findings: _____

Of operations _____

Of autopsy **yes**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Accident**

(b) Date of occurrence **1-27-40**

(c) Where did injury occur? **K.C.**

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)

23. Signature **W. H. Crow** (M. D. or other)

Address **K.C. Mo.** Date signed _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.